Bryce Historical Committee Formed by Commissioner Houston



Dr. Tom Hobbs

The Bryce Historical Committee is made up of 20 diverse members appointed by John Houston, Commissioner of the Alabama Department of Mental Health. Several engaged, involved observers also attend each meeting. All are welcome.

According to Dr. Tom Hobbs, committee chairman and executive director of Western Mental Health Center, Inc., the committee's purpose is to advise Commissioner Houston of the historical elements associated with the Bryce Hospital campus and physical plant in Tuscaloosa, and make recommendations about how it might best be preserved as a memorial to all those people who have worked and lived and died at Bryce since its opening in 1861.

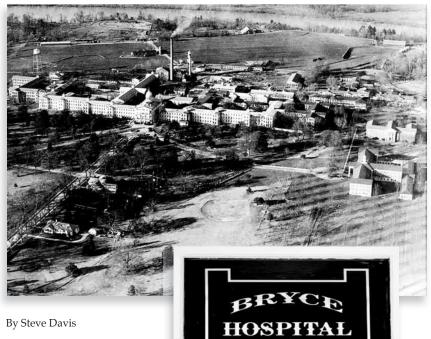
The committee members include mental health consumer advocates, architectural and cemetery historians, family members of former superintendents of Bryce, facility administrators and mental health professionals, and several others representing all stakeholders in Alabama's mental health system.

The committee meets in the main administration building at Bryce about every three weeks. The committee has held nearly a dozen meetings.

"One of the other things we hope to do is provide education to make the public aware of why this place is so important to our state and nation," Hobbs said. "In addition to the main buildings and the beautiful grounds, we are considering ways to preserve the cemeteries and work toward the preservation of our documents and archives. We hope that in time we will help bring Bryce the national recognition it deserves and develop a museum on the site."

"It's an honor to be on this committee with so many people who are truly dedicated to the task, and we especially appreciate the sincere support of Commissioner Houston for initiating this effort and following its progress so keenly."

Brief History of ryce Hospital

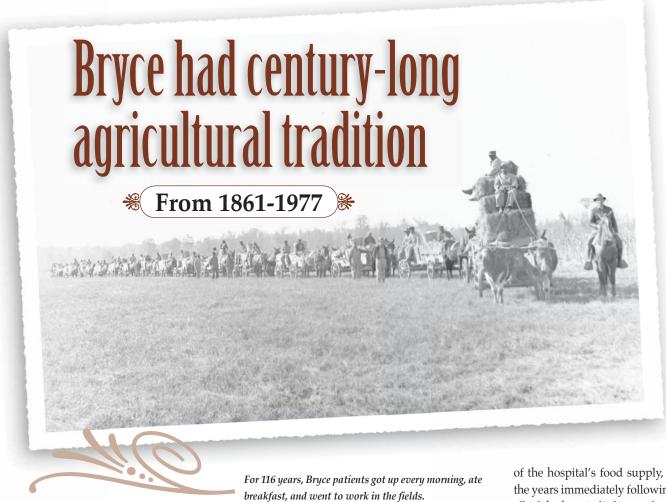


The history of Bryce Hospital is certainly diverse, ahead of its time, antiquated, noble, and

uncaring—just take a specific time frame and put your perspective on it. Alabama Insane Hospital (AIH) certainly started out with lofty expectations. It was situated on an almost perfect location and was of course, a Kirkbride-Sloan Hospital. The buildings designed by Thomas Kirkbride and Samuel Sloan have their own website with hundreds of viewers each day. Both Kirkbride, one of the most influential Psychiatrists, and Sloan, one of the most famous architects of the period, have reported that AIH was the most perfect example of their design. With a magnificent dome, gas lights, water closets and three wings set echelon on each side of the center building, Alabama Insane Hospital was an impressive and imposing sight. Originally built to help in the delivery system for the care of the persons with mental illness, the building eventually lost its purpose as it received additional wings piece meal. By 1970 the building was reported by Ripley's Believe It or Not to have the longest roof line in the world. Although not documented by primary sources, it was believed to be the third largest building in the world. Demolition has reduced the building to the original Kirkbride-Sloan footprint with a few significant additions by

1853

continued on page 18



Beginning at its inception in 1861 and lasting until 1977 – just thirty short years ago – Bryce maintained a comprehensive farming operation. For 116 years, Bryce patients got up every morning, ate breakfast, and went to work in the fields.

Maintaining over 2000 acres in the western and northern portions of Tuscaloosa County,

well as the mules which pulled the plows and the farm wagons.

Industrial production was not just limited to livestock and row crops. Bryce even had its own coal mine from the 1860s to at least 1902.

"The shaft ran from the rear of the dome to the Warrior River," according to Bryce

historian Steve Davis. "Coal from the mine provided fuel for heat and the fuel to produce gas, which in turn provided the lighting for the famed Kirkbride

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plus its own on-campus fields between the existing main building and River Road, the Bryce agricultural operation raised corn, peas, potatoes, watermelons, peaches, pecans, and butter beans. Cotton was raised as a cash crop. In terms of livestock, Bryce raised its own cattle and hogs (the hogs being housed in a "piggery" behind the main building) as

design. An accident temporarily stopped production in 1902 and I am not sure if it was ever re-opened."

As was the case with the field operations, staff and patients worked the mine.

During Reconstruction, river shoals were engineered to promote improved fish production. Fish from the shoals were a part of the hospital's food supply, especially in the years immediately following 1865 when all of the hospital's livestock was stolen by federal soldiers.

Specific on-campus locations where farming operations occurred included the areas now occupied by the university's soccer field, student health center, and softball field.

The farming operation not only helped feed the patients at Bryce through some very hard times -- especially during the Civil War and Reconstruction – but also contributed financially to the institution's upkeep.

For example, in the year 1955 Bryce's farm revenue was reported to be \$52,925.45, with expenses at just under \$35,000. The net profit of \$17,926.69 in that year was vital to the institution's general fund. It's also important to keep in mind that this monetary amount came after much of the food was used to feed the hospital's staff and patients.

After the Wyatt reforms in the early 1970s, public perceptions and legal structures began to change. Many patients had gone to work in the fields whether they wanted to or not. Bryce was going to have to pay the workers minimum wage and couldn't afford it. Thus, in 1977, all farming operations ceased.

Not everyone was happy about it.

"I remember very well all the people who

loved the peace and comfort they found in their work," said Steve Davis, Bryce Hospital historian. On many mornings Davis rode the bus to the fields alongside the patients.

"It was the most meaningful thing in many of their lives. It was the only structure many of them knew. In fact, lots of the patients continued to get up in the morning, carry their hoes to the fence, and crawl under it and go out into the fields on their own. We'd go get them and tell them they couldn't do their work anymore. Oh, it was sad. So many of them just cried and cried. They said it was what they were good at and what they wanted to do. They took a lot of pride in keeping the fields beautiful and putting food on the table."

Times change. Change is hard. Bryce implemented Vocational Rehabilitation in place of the farm work.

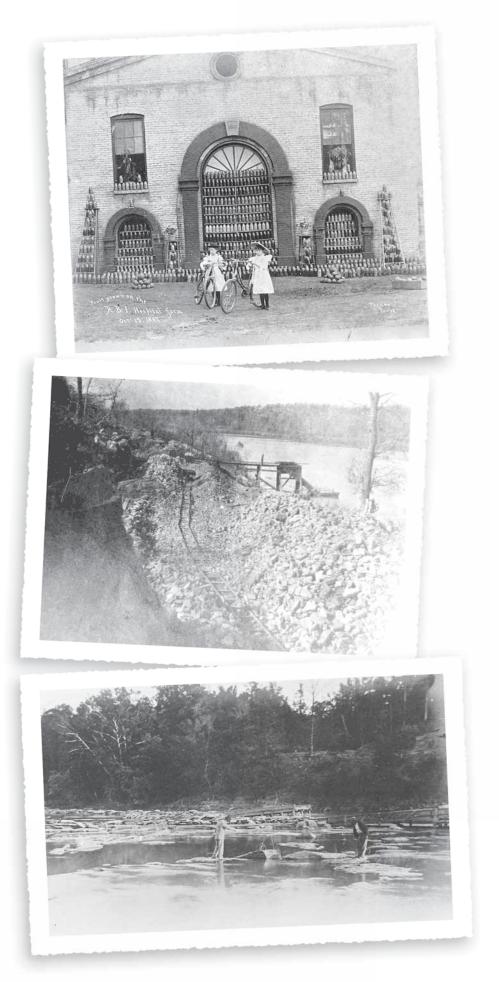
One mental health consumer, who asked not to be named, said he thought shutting down the farming operation had serious drawbacks.

"I understand that things sometimes have to happen, but what this did was take away the structure and dignity and routine of many people who loved what they were doing," he said. "Through their farm labors they were being productive citizens. They were making important contributions. Obviously they wanted to keep on working. It was all they had ever known. Their work had strong roots in their family traditions."

"When that was taken away it took away the chance for the patients to get their minds off their troubles. In place of the farm work they had a lot more time on their hands. They too often used that time to sit around and think about their illness. When you are idle and you focus on your illness instead of being active, it very often makes your illness worse and not better. I think that happened a lot when the farming operation shut down."

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Partlow family passionate about committee work



Pictured in front of their father's old office are committee members and brother and sister Dr. Rufus Partlow and Mrs. Ilouise (Partlow) Hill. Both children were born on the Bryce campus and lived there into their teens. Their father, Dr. R.C. Partlow, was a staff psychiatrist at Bryce for many years. Their uncle W.D. Partlow Sr. was the Superintendent and lived in "The Mansion" on the Bryce campus. They were visited frequently at Bryce by their childhood friend and fellow committee member Camille Elebash.

"This was our home. This is what we knew as children," Hill said. "We used to come here frequently to play and to visit our father. We enjoyed playing on the enormous lawn and beautiful grounds and, like every child around here, we loved sliding down the long banister in the main entry hall."

Both Partlow and Hill say they are involved in the committee's work out of a sense of history. They want above all to see the Kirkbride domed structure preserved but would also like to see the grounds around it preserved and beautified.



The Meteor

Bryce patients published own newspaper, starting in 1872

newspaper edited and published by patients at Bryce (then known as Alabama Hospital for the Insane) began publication in 1872 and continued sporadically for the next several years. Copies of eleven separate issues of the paper are preserved on the website of the Alabama Department of Archives and History, along with brief commentary that is included below (with the Department's website address). Additional information on the Meteor is also available at the succession of years that still found them at the Hospital, determined . . . to print a number only when inclined to do so." The editor also surmised that people would not expect a regular publication from a hospital patient.

Our little paper, gotten up for the benefit of the patients of the Alabama Insane Hospital and to give the patrons of the institution an insight into some details of its practical operations, is printed on quarto Novelty Press, without expense to the State—the whole labor of type-setting and

putting to press being performed by the patients, or by

employees of the Hospital in intervals of leisure from their regular duties... While not quite the juicy

rag you might hope for, the paper's articles do offer some glimpses of life at the hospital as well as into the minds of the patients.

An outstanding observation comes from the very first issue where one patient compares Alabama's hospital for the insane with its neighbor the state university by saying, "The inmates of the University come to acquire ideas. We to get rid of them." The continuing comparison/contrast of the two institutions is well worth perusing.

(http://www.archives.state.al.us/meteor/meteor.html)

From the historical perspective of the Kirkbride architectural enthusiasts, we learn the following:

Dr. Isaac Ray and Dr. Kirkbride are mentioned briefly in the first issue. And Dr. Pliny Earle is applauded for his humor in an annual report from Northampton State Hospital, while playfully chided for referring to baby pigs as "infants" (Oh, that 19th century humor...). On the same page, Dorothea Dix is also mentioned and described as in excellent health and "still actively engaged in doing good," while also contemplating a visit to Bryce.



the Kirkbride Buildings website.

The prose is thoughtful yet humorous. It is extremely well-written in spite of its very obvious Victorian style and influence. It explores life in and around the hospital, and makes many tongue-in-cheek references to the "differences" between those in and outside of the hospital's walls.

The Meteor was written, printed, and published by the patients of Bryce Hospital. Its original purpose was for the benefit of the patients and to explain the practical operation of the institution to its patrons. Later, it intended to inform the friends and patrons of the hospital, state newspaper editors, and state legislators of the conditions and purposes of the Hospital. It was designed to provide something for everyone.

As is stated in the newspaper's inaugural issue, it was called The Meteor because meteors come as a surprise, appear at irregular intervals, and have brilliant though short, temporary careers. The paper was also meant "to glow with a kindly and generous sentiment to all mankind." It appeared quarterly for five years and then became a "semi-occasionally" because the printer and editor, "disgusted with

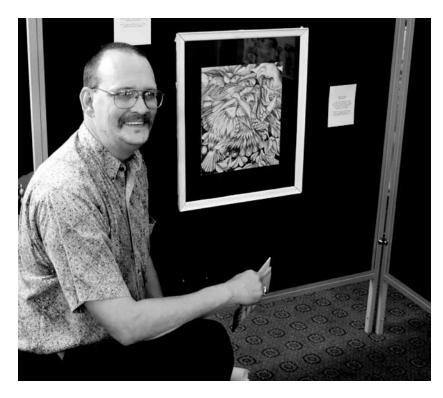
On page two of issue eight, volume two, the paper's editor (a patient at the hospital) describes someone's publicized disbelief that *The Meteor* is the work of the insane. With some humor, the editor says, "He manifestly thinks the Meteor wires are worked by someone who is not in-

sane. With this we find no fault. It is our own conviction. But unfortunately we can't get the Superintendent to see it."

Obviously the editor of *The Meteor* was an intelligent person with not a small amount of wit. And in spite of the sometimes tiresome 19th-century prose, read-

ing the articles can be fascinating and often enjoyable. We recommend reading the issues for yourself.

(http://www.kirkbridebuildings.com/blog/ the-meteor-bryce-hospital-newspaper)



Ben Arthur takes third place in national songwriting contest

DBSA and Dave's Spark hosted the Facing Us 2008 Music Contest to recognize and embrace the creative spark of so many individuals who live with mood disorders. In announcing Montgomery, Alabama's own Ben Arthur as its third place winner for his original song "Lifetime," the judges had this to say about Ben and his work.

"Ben is a vocalist, lyricist and graphic designer living in recovery from depression, schizophrenia and substance use. His music, and his personal reflections about mental illness, have been featured on local and national public radio. He is also the author of a book called *A Simple Twist of Faith*, available at www.LuLu.com. Ben's music can be found online at http://www.myspace.com/421824394.

As we've reported in LISTEN in past issues, Ben uses several styles but reminds many listeners of early Beatles records through his use of melody and rhythmic guitar chords.

Among the many, many entries from all across the country were love songs, personal stories and musings that run the gamut of musical styles-rock, bluegrass, instrumental, folk, experimental, country, alternative, hip hop, contemporary piano. You can listen to the work of these talented artists on FacingUs.org by listening at any time in the Radio section of the Media Room. You can also download a digital album with all 16 Facing Us 2008 Music Contest finalists. All proceeds will go to DBSA to help support programs such as the Facing Us Clubhouse.



Sister Lucindia

wins Heroes In The Fight Award

Mobile's Sister Lucindia Claghorn, a former winner of the prestigious Clifford W. Beers Award, has now won in the advocacy category for the state in the 2008 "Heroes In the Fight Awards." At an awards banquet held on September 23 at the new Renaissance Hotel in Montgomery, sponsored by Mental Health America, the program celebrated dignity, courage, hope, and recovery in the ongoing treatment of persons with serious and persistent mental illness. Sister Lucindia was recognized for her tireless advocacy work on behalf of Alabamians with a mental illness. She has also been a speaker at the Shocco Springs Recovery Conference.

Congratulations Sister Lucindia!

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Historic Bryce Hospital Tuscaloosa, Alabama

FACT SHEET

Description of Historic Bryce Hospital

Bryce Hospital has been in continuous operation since 1861. Designed in the Italianate style, the four-story building features an imposing white dome that has been a landmark on the eastern skyline of Tuscaloosa for almost 150 years. Over the decades, the original six wings were extended to accommodate a patient population that grew from the initial 250 to over 5,000 individuals. Due to the federal lawsuit, *Wyatt v. Stickney*, the hospital became the focal point in the U.S. for the civil rights movement for people experiencing mental illness. The lawsuit, filed in 1971, kept Alabama's mental health system under federal court control for over 33 years and virtually changed the landscape of mental health care across the nation by establishing patient rights to minimum standards of care. This fact sheet provides an overview of the history of Bryce Hospital and its historical significance to the state and the nation.

History of Bryce Hospital + the Evolution of the Mental Health System in Alabama

- In the early decades of the 19th century, there was virtually no mental health care system in the U.S. In response, Dorothea
 Dix, a national advocate for appropriate mental health treatment, traveled across the country pleading for the care of people
 who experienced mental illness.
- Miss Dix, along with Alabama Governor Henry W. Collier and Senator Robert Jemison, Jr., lobbied for the establishment of a state psychiatric hospital in 1849-50. An act passed in 1852 appropriated \$100,000 for the construction of the "Alabama Insane Hospital" (which was later renamed for Dr. Peter Bryce, the first superintendent) on 326 acres in Tuscaloosa. The hospital admitted its first patient in 1861.
- The Sloan/Kirkbride plan had a central administrative building with three staggered patient wings segregated by gender on each side. Many institutions across the country followed this pattern, but Dr. Kirkbride considered the "Alabama Insane Hospital" to be the finest example of this concept. Later wings (not a part of the Kirkbride plan) have been removed, but the original 1861 building still stands and is listed on the National Register of Historic Places because of its national significance.
- Upon the recommendation of Miss Dix and Dr. Kirkbride, Dr. Peter Bryce was appointed the first superintendent of the hospital. He and his wife, Ellen Clarkson Bryce, became cornerstones of Tuscaloosa society and tenacious advocates for people who experience mental illness.
- Dr. Bryce put in place the latest methods of therapy fostered by the "moral treatment movement." Early intervention, treatment without the use of restraints, and social support were hallmarks of this methodology. After his death in 1892, the hospital was renamed for Dr. Bryce. He and Mrs. Bryce are buried on the hospital grounds near the grand approach to the institution they served with great devotion.
- Dr. James Thomas Searcy succeeded Dr. Bryce and served as superintendent from 1892 until 1919. He initiated reforms
 in treatment and medical records. He also established a second hospital in Mount Vernon, Alabama, which was named for
 him following his death. Searcy Hospital has its own rich history and is still in operation.
- Dr. W. D. Partlow served as superintendent from 1919 to 1950. During his tenure, a new residential facility was opened in 1923 for people with intellectual disabilities (ID). Shortly thereafter, the legislature passed an act naming the facility for Dr. Partlow. The W. D. Partlow Developmental Center is the only remaining residential facility in the state for persons with ID. More than 99 percent of individuals with ID are now served in the community.

- When Dr. J. S. Tarwater became superintendent of Bryce Hospital in 1950; the state mental health system was grossly
 under-funded. The hospital continued to augment deficient budget allocations from the legislature with the sale of its farm
 products. During Dr. Tarwater's tenure, psychological and social service departments were established to assist with the
 care and discharge of patients into a slowly evolving community care network.
- In 1965, the Alabama Legislature passed Act No. 881 creating the Alabama Department of Mental Health. A subsequent bill added the words "and Mental Retardation" to the department's name. Before Act No. 881, services were provided under the general umbrella of the Alabama Department of Public Health. Over the next six years, the state made steady improvements with the emergence of several community mental health programs. Progress, however, was woefully inadequate to meet the growing demand.
- The lack of minimal standards of care, in addition to the rising demand for services, reached a crisis point in 1971. At that time, the hospitals and residential facilities were overcrowded, short staffed, and under-funded. Bryce Hospital, for example, had over 5,000 patients with only three psychiatrists. The lawsuit, Wyatt v. Stickney, was filed in federal court and became the catalyst for change across the nation.
- Through rulings associated with the Wyatt case, Judge Frank Johnson, Jr. and later Judge Myron Thompson, Jr. mandated minimum standards of care, established basic patient rights, encouraged the development of the community mental health system as an alternative to institutionalization, and reduced the patient population in the facilities. The Wyatt v. Stickney case was terminated in December 2003. The community mental health system now serves more than 98 percent of individuals in the state who experience mental illness, and state hospital facilities have been downsized to serve a daily population of hundreds rather than thousands.

Summary

Bryce Hospital has a rich history that encapsulates the architectural evolution of mental health in the United States and the beginnings of the civil rights movement for people who experience mental illness. Because of its rich history, the exterior facade of the original Kirkbride building, along with the grand approach from Campus Drive, should be preserved. If the walls of Bryce Hospital could talk, one would hear of the difficulties of experiencing mental illness, the advantages of recovery, and the compassion of clinicians and staff. Additionally, one would hear the ongoing discussions by leaders who sought to offer the best care, given the resources at the time. Completed in 1861, having endured both the Civil War and the burning of the adjacent University of Alabama by federal troops in 1865, Bryce Hospital is a symbol of resilience and reform. As a contemporary of the Alabama State Capitol in Montgomery, Bryce is an irreplaceable historical treasure for future generations.

Get involved!

The Bryce Hospital Historical Committee is working with the Alabama Department of Mental Health and Mental Retardation to preserve the historic Kirkbride building, along with the Bryce Hospital cemeteries, where thousands of former patients are buried. The committee is also exploring the possibility of establishing a national mental health museum in a portion of the historic building. For more information, contact the Public Information Office of the Alabama Department of Mental Health and Mental Retardation at (334) 242-3417, or email the department Historian, Steve Davis, at steve.davis@bryce.mh.alabama.gov.

Alabama Department of Mental Health

RSA Union Building | 100 North Union Street, Suite 518 | Montgomery, Alabama | 36130-1410 | 334.242.3417 | www.mh.alabama.gov

Davis

has seen worst of Bryce



egendary Alabama newspaper editor and publisher Paul Davis has long been associated with the mental health and disabilities reform move-

door to Partlow," Davis said. "I had five brothers so we'd go to Partlow and play ball with the patients. The more I visited there the more I realized how many of them were just abandoned. And what we especially noticed about the young boys we'd play with was that they weren't mentally retarded, as they were then

labeled. They were just dumb kids. And they ran the institution."

These youngsters, according to Davis, were called "work boys" and they did indeed perform the majority of the labor and supervision on the place. This was during the 1940s and 1950s.

"These work boys, who were about our age, would drive the tractors, milk the cows, feed the hogs, peel the potatoes and cook supper for the residents. They'd have a five-gallon tin full of milk still warm from the cows, and they'd mix in some day-old bread from town. That's what the residents would

eat, that and some boiled potatoes. My



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ment in his home state. He didn't have to go far to learn all about the subject.

"I grew up in what was called Alberta City, six blocks from the University of Alabama campus, pretty much right next those patients didn't need to be there at all. There were people in the institution from age six to 66. Some of them had only slight-to-moderate intellectual disabilities, or just physical disabilities. Lots of brothers and I were there all the time. We'd just come and go as we pleased. And we saw this every day."

Davis grew up in this environment but eventually became interested in newspapers and journalism. After he spent time working for a daily in Texas he was homesick for Alabama and asked renowned Alabama publisher Buford Boone for a job on the *Tuscaloosa News*.

Reporter in a volatile setting

"I bluffed my way into that paper in the early 1960s and it didn't take them long to figure out I couldn't do much," Davis said with a laugh. "They gave me the 3 a.m. shift where I would go to every funeral home and fire station and hospital emergency room in town. I also wrote the obituaries. Boone said they were going to keep me on the staff until they got their money back from hiring me in the first place. It just so happens that this was also the time when there were riots on the university campus and they were burning down buildings. The FBI was down here investigating, trying to figure out exactly what was going on. I was in on that, too, as the only reporter inside Foster Auditorium with Gov. George



Wallace when he made his 'stand in the schoolhouse door.'"

In this unique yet volatile time and place, Davis also became aware that half of the hospital beds in the state of Alabama were located in Tuscaloosa. There was a huge VA hospital, plus Druid City Hospital, and a four-story TB hospital. And then, of course, there were Bryce and Partlow, which between them at that time had 10,000 beds.

"There was this huge industry in our midst and I thought we should be covering it. Boone agreed and I went onto the medical beat. There was a lot more going on there than we realized."

Among other things, Davis found out that the thoracic surgeon at the TB hospital had no training in thoracic surgery. Young people were believed to be dying as a result.

"Complicating this situation was that the surgeon was my publisher's best buddy," Davis said. "Boone just demanded to know whether what I was telling him was the truth and I said it was. So he said print it."

The TB hospital was shut down as a result of Davis's investigation and reporting. He also sat in with the board at Druid City Hospital as it went through desegregation. It came off without incident. But the big story came out of Davis's return to his old childhood ball-playing sites: Bryce and Partlow.

Back to Bryce

"Oh, it was a bad time in these places," he recalled. "You'd have 200 men and 200 women on one ward at Bryce. Terribly overcrowded. And this was a time when they were slowly transitioning from physical restraints

to chemical restraints. I'd go in there and see people with their arms tied to a rocking chair to keep them from moving around. And the orderlies would be going through the wards just dispensing

Thorazine or some other mind-altering drug at will. They were basically using



"When old men or old women died, perhaps by suffocation, they would be tossed into the graveyard with a spike - shaped kind of like a fleur de lis - as their marker. No names. No dates. Just a spike. It really and truly did remind me of Dachau. To the workers at Bryce and Partlow, the patients were things and not people. They were numbers, not names. That way it didn't hurt them. How else could they have done these jobs?"

the stuff as a management technique, to make it easier to care for the patients. And I'd leave Bryce and go to Partlow and it would be the same thing over there."

continued on page 20

Voices and visions

Bryce Historical Committee members explore their hopes for Bryce

In this series of profiles, a cross-section of people associated with the Bryce Historical Committee discuss what motivates them about serving on the committee and what they hope to see come from the committee's work.



DR. THOMAS HOBBS

Bryce Historical Committee chair. Executive Director, Western Mental Health Center, Inc.

"In my opinion, Bryce Hospital has stood for 150 years as *the* primary symbol of Alabama's dedication to individuals and families who have suffered from mental illness. Now, as the passage of time takes its toll on this grand old structure, it seems only fitting that those of us who have been so affected by its existence should rally to its rescue. Its story should never be forgotten. We should never forget that Bryce Hospital was *the* 'cradle of the civil rights movement' for the involuntarily committed during the late 20th century and thus catalyzed the establishment of federal standards for institutional care throughout the United States."

"We should never forget that Bryce Hospital launched the 'deinstitutionalization movement,' a social movement that swept the nation, changed the national perspective from that of institutional custodial care to treatment in home communities, and thus revolutionized American public psychiatry. We should never forget that Dr. Peter Bryce was a pioneer in the development of the moral treatment model, a philosophy that introduced humanitarian reform into the treatment of mental illness in the United States at a time when coercion and restraint were the accepted norm. These cataclysmic social movements and events affected the entire nation and had their genesis right here in our own back yard, right here in Alabama, and only at Bryce Hospital."

"Likewise, we should never forget that Bryce Hospital was *the* prototypical architectural model that was used for construction of asylums throughout the United States in the late 19th century. In addition to its significant national contributions, no other structure or site in Alabama can lay claim to having had more local impact on the personal lives of so many Alabamians."

"My personal concern is that we will indeed forget how important Bryce Hospital and its story have been to us as a people, both nationally and locally. I fear that we will idly stand by and conveniently look the other way as its structure continues to deteriorate and as its story fades into obscurity. That we will soon forget its checkered history and the lessons it still has to teach. I am concerned that in the end, we will simply take Bryce Hospital for granted as a structure that has served its purpose, giving us unwarranted license to either dismiss or ignore its historical importance by virtue of its convenient familiarity. Bryce Hospital and its story should never be forgotten, and certainly not by those of us who have been so affected, both positively and negatively, by its existence."

"I would like to see the significant historical, character-defining features of Bryce Hospital preserved for future generations. I would like to see its human story told by means of a museum highlighting all of the lessons learned from the past, lessons both inspirational and disquieting. I would like to see this grand

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old structure serve a functional modern purpose for the surrounding community, providing space for possibly a fine arts center or convention facility, as well as for classrooms and offices for local educational institutions and businesses in the Tuscaloosa area. In essence, I would like to see Bryce Hospital continue to stand not only as a memorial to what has been but also as a vibrant, contributing partner to what can be."





CAMILLE ELEBASH

Family member, representing the family of Dr. Reuben Searcy and the descendents of Dr. James T. Searcy, former Superintendent of Bryce Hospital.

"Bryce Hospital has been a presence in my life since childhood. My earliest recollections include stories about my great grandfather, Dr. Reuben Searcy, a physician and friend of Robert Jemison. Jemison was a state senator who brought Dorothea Dix to the legislature and through their efforts made the Alabama Insane Asylum in Tuscaloosa possible. Searcy was on the first board and was at least partly responsible for bringing Peter Bryce to the hospital."

"One of the earliest stories about my great grandfather took place during the Civil War when his 18-year-old son, Reuben, was mortally wounded at Murfreesboro, Tenn. Another son, James, was with him when he was shot and was allowed to remain with him until he died. Dr. Searcy tried to reach his son but was turned back by Union soldiers. James came through unscathed and became the second superintendent of the hospital, succeeding Dr. Bryce."

"Early stories from my mother included ones about visiting in the superintendent's home – built for Dr. Bryce who died before living in it. James Searcy and his

large family were the first ones to occupy it. My mother frequently rode her bicycle from her home in downtown Tuscaloosa to play with cousins at the home."

"As a child I became friends with the Partlow children. By that time Dr. W.D. Partlow had succeeded Dr. Searcy. His brother, Dr. R.C. Partlow, was on the staff and had a home on the grounds. I spent many nights on the Bryce campus with my friends. I remember going to movies on Friday nights with the patients and being allowed to play in the storeroom, laundry, and all over the grounds, mingling with the patients. It was there that I realized that there should be no stigma attached to mental illness. They were just people with sometimes overwhelming problems. I remember several individual patients even today. However, there were some frightening things about the illness then. There were no drugs so the seriously ill patients frequently screamed during the night, an eerie sound to the visiting child."

"Years later, after my retirement from the faculty of the University, I took on the volunteer job of doing publicity for the first Decorator Showhouse to raise money for the Tuscaloosa Mental Health Association. The superintendent's home on the Bryce grounds was the home being featured. In that capacity I spent some time in the hospital library with Kathy Fetters, the librarian, and she was immensely helpful in getting material for my publicity releases. I enjoyed my time with her because it jogged my own memories of Bryce."

"About this same time I became a member of the Jemison-Van de Graaff mansion foundation board. Built in 1859-61 it was the home of Robert Jemison, the state senator who got the funds to build the hospital. His home was designed by the same Mr. Sloan who was also the Bryce Hospital architect. As we know, Sloan incorporated the Kirkbride design for the hospital which emphasized beautiful surroundings as part of the treatment."

"Another important part of the treatment was the farming operation on the huge property. Patients worked the fields and raised livestock for their own food – very important during post-Civil War days and years of being poorly funded."

"In later years I was not aware of the severe problems the hospital faced with such limited support from the state and a great influx of patients. It had become a warehouse with little or no treatment offered."

"People in Tuscaloosa were probably more aware than many others of the *Wyatt v. Stickney* suit which released many patients into the community, since a large number of them stayed in the area. We had a constant reminder that patients were no longer confined. I was quite interested in meeting Ricky Wyatt during a recent committee session and talking with his mother afterward."

"I can only hope that our committee will be able to see that the main building is preserved as a monument to Alabama's place in this important field."

"ANOTHER IMPORTANT PART OF THE TREATMENT WAS THE FARMING OPERATION ON THE HUGE PROPERTY. PATIENTS WORKED THE FIELDS AND RAISED LIVESTOCK FOR THEIR OWN FOOD, VERY IMPORTANT DURING POST-CIVIL WAR DAYS AND YEARS OF BEING POORLY FUNDED.

IN LATER YEARS I WAS NOT AWARE OF THE SEVERE PROBLEMS THE HOSPITAL FACED WITH SUCH LIMITED SUPPORT FROM THE STATE AND A GREAT INFLUX OF PATIENTS. IT HAD BECOME A WAREHOUSE WITH LITTLE OR NO TREATMENT OFFERED."



RONALD HUNT

Mental Health Advocate. Executive Director, CONTACT: Wings Across Alabama

"Honestly, I have mixed feelings about my participation on this committee. The more involved I have become the less excited I have become about the deal with the University of Alabama. I hope if it purchases the property, the University will find a use for the historic main building with linear wings, the superintendent's home, and the main approach including the Peter Bryce grave site."

"However, I am more concerned about ensuring that the patients of the new Bryce Hospital have a state-of-the-art facility to meet their psychiatric needs. If push came to shove, I would prefer more money for a new hospital, even if it meant sacrificing the preservation of everything but the superintendent's home and the main domed building (without the wings)."

"However, I am more concerned about ensuring that the patients of the New Bryce Hospital have a state-of-the-art facility to meet their psychiatric needs.

IF PUSH CAME TO SHOVE, I WOULD PREFER MORE MONEY FOR A NEW HOSPITAL, EVEN IF IT MEANT SACRIFICING THE PRESERVATION OF EVERYTHING BUT THE SUPERINTENDENT'S HOME AND THE MAIN DOMED BUILDING (WITHOUT THE WINGS)."



ROBERT MELLOWN

Associate Professor of Art, University of Alabama, and author of the Bryce Hospital Historic Structures Report.

"I am an associate professor at The University of Alabama in the Department of Art and Art History. I first became interested in Bryce Hospital when I wrote an article for the April 1985 issue of *The Alabama Review*, published by the Alabama Historical Association. In 1990, in conjunction with the Heritage Commission of Tuscaloosa County with a grant from the Alabama Historical Commission, I

wrote a Historic Structures Report on the hospital. Later in 1994 I wrote another article about the significance of Bryce in the Spring issue of *Alabama Heritage*. I am most concerned that the architectural importance and historical significance of the original nineteenth-century building be recognized, respected and maintained."

"I AM MOST CONCERNED THAT THE ARCHITECTURAL IMPORTANCE AND HISTORICAL SIGNIFICANCE OF THE ORIGINAL NINETEENTH-CENTURY BUILDING BE RECOGNIZED. RESPECTED AND MAINTAINED."



JON BROCK

Consumer/Advocate. Former Bryce Hospital Patient.

"As an involved observer of this committee's work, and as a longtime mental health consumer advocate, I want to see the Bryce Hospital legacy live on in ways that will improve our future rather than just memorialize our past. One of several ways to do this is to create a genuinely national approach to development of a national mental health museum."

"A coordinated effort that links a national museum of mental health to other educational initiatives that broadens and deepens the capacity of consumers, family members and mental health administrators is surely worth exploring. The combination reaches far to inculcate a broader, deeper view of mental health issues with-

in the public and within the mental health field over a long period of time."

"All of us engaged with mental health issues, in our differing and similar ways, strive to build a worthwhile future yet we lack access to our common past. We lack common resources to inform our personal and organizational understanding. Through a national museum of mental health, all of us could access the human and historical realities of our common past, gather our better selves, and shape the present we have into the future we want."

"Very few mental health museums exist. Those few are small, have few artifacts, few archives, and narrow perspectives. They have a local or state focus, not a national or global focus. They do not create common understanding. They lack a driving vision that engages needs and realities facing individuals, agencies, professionals, administrators, and academic institutions."

"We find ourselves within a disappearing historical opportunity. As the vast state asylums downsized in the deinstitutionalization movement, the artifacts, archives, and memories of the institutionalization movement have largely vanished."

"But the opportunity is still great. If we act, remarkable, worthwhile artifacts, archives, and living memories can be preserved, protected, and presented for future advantage. Public mental health policy, programs, and professions will broaden and deepen by engaging the humanity and history of people who experience mental illness. Views of stakeholders, the general public, academic in-

stitutions, policy makers, and others will broaden and deepen. All of us gain."

"On a personal note, let me add that I was committed to Bryce Hospital in 1965, years before the *Wyatt v. Stickney* case. Through the years I've thought many times about how it was, what I experienced and witnessed, the many old men, the many old women, the World War I veterans, the many people who were still there after squandering years, decades, half a century or more of their lives."

"Recently, I drove and walked through former Bryce Hospital grounds that are now part of the University of Alabama. Everything on those grounds speaks of what is there now. Nothing on those grounds speaks of what was there then."

"At some point, none of us will be among the living. Lessons and memories of the institutional era, the deinstitutionalization era, and the recovery era may be fully forgotten sooner than we think. A truly national museum of mental health would offer an institutional setting to support the field in its efforts to recall its past and to invoke the future we want to have."

"In our moment, Bryce Hospital offers us all one last opportunity. A National Museum of Mental Health in combination with other educational initiatives should be developed at Bryce Hospital. Such a chance to engage past, present and future public mental health policy will not happen again."

EDITOR'S NOTE: Jon Brock has prepared a much more detailed memorandum regarding his vision for the proposals outlined above and shared it with the Committee's museum subcommittee.

"ALL OF US ENGAGED WITH MENTAL HEALTH ISSUES, IN OUR DIFFERING AND SIMILAR WAYS, STRIVE TO BUILD A WORTHWHILE FUTURE YET WE LACK ACCESS TO OUR COMMON PAST. WE LACK COMMON RESOURCES TO INFORM OUR PERSONAL AND ORGANIZATIONAL UNDERSTANDING. THROUGH A NATIONAL MUSEUM OF MENTAL HEALTH, ALL OF US COULD ACCESS THE HUMAN AND HISTORICAL REALITIES OF OUR COMMON PAST, GATHER OUR BETTER SELVES, AND SHAPE THE PRESENT WE HAVE INTO THE FUTURE WE WANT."



LEE ANNE WOFFORDCemetery Program Coordinator, State of Alabama Historical Commission

"My primary point of service to the committee is regarding cemetery preservation. Bryce Hospital has four cemeteries: Bryce Cemetery #1, Bryce Cemetery #1A, Bryce Cemetery #2, and Bryce Cemetery #3. Bryce Cemetery #1, commonly called the Old Bryce Cemetery, was established around 1861 and continued to be used until 1968. There are approximately 2000 people buried here, but this is only a rough estimate as a complete

archaeological investigation has yet to be performed. It is located on the north side of River Road ("Jack Warner Parkway"). Many of the original grave markers have been stolen over the years."

"Bryce Cemetery #1A contains burials that date from 1892 to 1921. There are approximately 37 burials here. It is believed by many that these burials were once a part of Old Bryce Cemetery before the construction of River Road in the 1960s bisected this area. However, proof has yet to be uncovered to substantiate this belief."

"Bryce Cemetery #2 was established in 1922 and continued until 1953. There are approximately 1550 burials here. Unlike Bryce Cemetery # 1, a burial listing does exist for this cemetery. Bryce Cemetery #3 was established in 1953 and continues through the present day. There are approximately 500 burials and a burial listing does exist here, as well."

"Thus, we have four distinct cemeteries on the Bryce campus with a little over 4,000 burials. Approximately half of these burials are anonymous."

"All four cemeteries have recently been added to the Alabama Historic Cemetery Register, the state's official list of historic cemeteries in Alabama. The Alabama Historical Commission (AHC) considers historic cemeteries particularly worthy of preservation and appreciation, and therefore deserving of this special recognition." "Historical markers are planned for each of these sites to acknowledge and remember the thousands of Bryce Hospital patients who are buried here. We also hope that a substantial monument engraved with the name of every known person buried in Bryce Hospital's cemeteries will be erected to commemorate each and every life." "In addition, a cemetery preservation and maintenance plan will be created for each of these sites to ensure their future preservation."

"HISTORICAL MARKERS ARE PLANNED FOR EACH OF THESE SITES TO ACKNOWLEDGE AND REMEMBER THE THOUSANDS OF BRYCE HOSPITAL PATIENTS WHO ARE BURIED HERE. WE ALSO HOPE THAT A SUBSTANTIAL MONUMENT ENGRAVED WITH THE NAME OF EVERY KNOWN PERSON BURIED IN BRYCE HOSPITAL'S CEMETERIES WILL BE ERECTED TO COMMEMORATE EACH AND EVERY LIFE."





SUSAN CORK

Family member, representing descendents of Ms. Ellen Bryce, wife of Dr. Peter Bryce, the first Superintendent of Bryce Hospital.

"My interest in the Bryce Historical Committee is very personal, as my great-great aunt was Ellen Clarkson Bryce. She was the sister to my mother's grandfather, Edgar LaRoche Clarkson, Sr. Due to the untimely early death of my grandfather, Mrs. Bryce took my grandmother and the four children (of which my mother was one) in to live with her. Thus she was very much a part of my mother's childhood."

"As a child, I can remember my mother taking us to Bryce to wander around, check on the portraits of Dr. and Mrs.

Bryce, gaze at the pistachio tree and of course the day the fountain froze up, we had to see that! I am very interested in saving as many of the buildings as possible, especially the Kirkbride building. It has such rich history, it is so remarkable in its formation, and it would be a shame to see it demolished."

"As Dr. Hobbs has repeatedly told us, this committee isn't just one to do the task that has been set before us by the Commissioner, but a committee that will evolve into one that will continue to face future tasks regarding Bryce."

MRS. BRYCE TOOK MY GRANDMOTHER AND THE FOUR CHILDREN (OF WHICH MY MOTHER WAS ONE) IN TO LIVE WITH HER.



NANCY CALLAHAN

Family member, representing descendents of Dr. J.S. Tarwater, former Super-intendent of Bryce, Partlow and Searcy Hospitals.

"Even as a child, I was made aware that there are people in this world who suffer from mental illness, and that some require treatment, long- or short-term, in a hospital. From 1950-1970, my mother's brother, the late Dr. J.S. Tarwater (1897-1974), was superintendent of Bryce Hospital, Partlow State School and Hospital, and Searcy Hospital at Mount Vernon."

"In the late 1960s, Dr. Tarwater was also appointed the first mental health commissioner for the State of Alabama, a position he held until his retirement in 1970. His own mother, Emma Lee Newton Tarwater, who died when he was a child, had been a nurse at Bryce Hospital in the late 1800s."

"During much of Dr. Tarwater's superintendence and earlier, my father, the late A.K. Callahan (1904-2001), was a member of the state legislature from Tuscaloosa County. One of his passions was acquiring adequate funding from the legislature for Bryce, Partlow and Searcy. It was a frustrating passion because never enough money was appropriated. There were times in the 1950s when funding was so scant that it averaged \$2 per day for the individual patient's care, and into the 1960s, the patient appropriation still was only \$3 per day."

"My brother, A.K. Callahan, Jr., of New York City, remembers an incident of his childhood that our family found deplorable. While the legislature was in session, probably in 1959, my father carried my brother, age ten, with him to Montgomery. Mental health appropriations were coming up for a vote. My father acquired a meeting with the governor and urged him to support higher budget funding for mental health. 'But the patients at Bryce Hospital don't vote,' my brother remembers having heard the governor respond to my father. 'I'm not going to increase funding for people who don't vote.' It was a sickening attitude my family never forgot. Sadly, it symbolized many Alabama political sentiments of those times."

"At some point in the 1960s, my father conceived the idea of bringing the entire state legislature to Tuscaloosa for a tour of Bryce Hospital. It was the first and probably only time that such an event has ever taken place. He acquired sponsorship from the chamber of commerce and other local businesses because two meals were involved."

"My father invited Gov. George C. Wallace to attend, but the governor indicated he was unable to participate. My father also invited Lt. Gov. Albert P. Brewer and his wife. They came and the lieutenant governor spoke in behalf of the plight of Bryce Hospital during an evening banquet concluding the day."

"Growing up, I learned about the symptoms of mental illness not only from my uncle, but also from my mother, the late Marguerite T. Callahan (1910-1991), who lived in my uncle's home on Bryce Lawn when she was a student at the University of Alabama in the 1930s. At that time, my uncle was a doctor on staff at Bryce, and taught in the Bryce nursing school. That era was prior to the mental health medi-

cations now available. 'Sometimes it was hard to sleep at night,' my mother once told me, 'because of the loud ravings of the patients which we would hear all the way from our house across the lawn to the hospital.'"

"I learned about the cruel politics of mental health treatment from my father, who, no matter how hard he tried, was never able to secure enough funding. Even so, I was heartened by Dr. Tarwater's having told me that despite inadequate funding, while he was superintendent, if a patient was admitted and had potential for treatment, he or she *would* be treated. If a patient was treatable to the extent that he or she could be discharged, he *would* be discharged."

"Often times, he proudly pointed out, the treatment was such that the patient would not need to return to Bryce. In fact, there was a period in the 1960s when the need-for-return rate at Bryce was one of the very lowest in the nation. That fact contributed to national interest in the hospital."

"I learned from Dr. Tarwater that Bryce Hospital was a place where psychiatrists from other parts of the country came to study the treatment methods, including visitors from the highly-regarded Topeka, Kansas-based Menninger Clinic. The poet Carl Sandburg once came to Tuscaloosa and asked for a tour of Bryce, which my uncle gave him. Sandburg was interested in mental illness and had heard of the Bryce treatment."

"Having expressed an interest in preserving the grand old superintendent's home on Bryce Lawn, I was tapped for membership on the Historic Preservation Committee, to represent the late Dr. Tarwater and his family. No one can know

"Mental Health appropriations were coming up for a vote. My father acquired a meeting with the governor and urged him to support higher budget funding for mental health. But the patients at Bryce Hospital don't vote, my brother remembers having heard the governor respond to my father. I'm not going to increase funding for people who don't vote. It was a sickening attitude my family never forgot. Sadly, it symbolized many Alabama political sentiments of those times."

CALLAHAN Continued

what an honor this endeavor has been for me. The committee will lead a statewide movement to educate the public about the hospital's past. We want to instill statewide appreciation for the strengths of that past."

"We will seek to raise public awareness of lessons learned on how to avoid the errors of past misdeeds and attitudes about mental health treatment. We hope to sculpt momentum across the state for effectively preserving the documents of those bygone eras, from cemetery preservation campaigns, to bringing back furniture once gracing the old and distinguished high-domed main building. We also envision mapping out plans to create a national mental health museum in that structure. It would call attention to the original role-model treatment at Bryce and to the national advancement of mental health treatment resulting from the Wyatt v. Stickney court rulings of the 1970s. How inspiring it is that Ricky Wyatt, a former patient at Bryce, who instigated those legal actions, attends our meetings as a guest."

"In a general sense, if Alabama's leadership can fully understand our past, only then can we effectively forge our future.

If the Bryce story can be fully documented, warts and jewels, our state can author a more level history through a people effort. I envision the Historic Preservation Committee's taking a lead role in coalescing Alabama into citizens who embrace with care and soul an appropriate statewide mental health treatment program as a high and proud priority."



MIKE AUTREY

Director, Office of Consumer Relations, Alabama Department of Mental Health.

"Like everyone else, I think the building and the architectural history is very important. I understand how that represents important aspects that are being lost in America, but to me that is not the main thing."

"I want the structure of Bryce preserved

"I've been to Bryce many times. I've been in those committee meeting rooms in the main building. Just ten years ago people were living in those same rooms. When I look out those windows I see their lives passing by. The ghosts of people are in there."

because of all the thousands of people "You know, it's important to save Bryce who spent their whole lives there. We so we won't ever forget. So we won't ever don't know their names. We don't know do that again. We need to remember all their individual stories. But we do know those people and make sure we never do that thousands of people over 150 years this again." lived and died there. We owe it to them to preserve this place in their memory." "I want the structure of Bryce preserved because of all THE THOUSANDS OF PEOPLE WHO SPENT THEIR WHOLE LIVES THERE. WE DON'T KNOW THEIR NAMES. WE DON'T KNOW THEIR INDIVIDUAL STORIES. BUT WE DO KNOW THAT THOUSANDS OF PEOPLE OVER 150 YEARS LIVED AND DIED THERE. WE ONE IT TO THEM TO PRESERVE THIS PLACE IN THEIR MEMORY.



JOHN HOUSTON

Commissioner, Alabama Department of Mental Health, whose idea it was to form the committee and who appointed its members.

"In my first post-college *real* job, I served as an advocate for 60-70 residents of Partlow who lived at Paty Hall on the University of Alabama campus. I was there from December of 1972 until I left for graduate school the following year in pursuit of dual masters degrees in social work (MSW) and special education (MA). My first year field placement in social work was a clinical placement at Bryce. Part of my second year field placement was also at Bryce, where I again served as, and was later employed as a Patient Advocate. That was my first professional exposure to Bryce.

"My orientation there took me back to the early days of the *Wyatt* order. Of course there have been a lot of changes since then. We have never before been in a position to do what we needed to do so it would have been a luxury for us to take care of these buildings in spite of their rich history. We tended to the service aspects as best as we could, while the historical aspects deteriorated, or the archives walked away. I've seen thousands of people in my association with Bryce, and been involved in hundreds of hours of litigation over what went on there. I've also seen all the questions about the artifacts, documents, and cemeteries. I came back to the Department in 1986, and not much in that time had been done to protect either the buildings or their history."

"Then one day I found myself as Commissioner. The University of Alabama had expressed an interest in the Bryce property and that fell into my lap. It became my responsibility. It was no longer my concern – it was my *responsibility.*"

"While the prospect of a new, state-ofthe-art hospital is very important, so is the preservation of Bryce's artifacts and oral history. To me these things seemed vulnerable, at-risk, in jeopardy. I wasn't sure what I should do or how I should go about it. It seemed to me that the proper thing to do was to bring in others, to seek their advice, including patients and families that shared Bryce's history; members of the Bryce, Searcy, Tarwater and Partlow families who had made that history; plus people in historical societies on the state and local levels. I felt like they had all earned the right to participate."

"Dr. Tom Hobbs had come to me earlier and had taken the initiative to propose

that Bryce be elevated to the national historic registry. I knew Tom mostly through his work with the homeless and people with addictions in Jefferson County, and that he was a dedicated professional. He seemed to me to be a good person to chair the committee."

"As the committee's work unfolded the scope of the issues involved was enormous. I initially thought mostly in terms of just the main building, but it became so much more than that. There are so many important and historical sites on the campus associated with Bryce. We have the admissions records of every patient who was ever there, going back well over 100 years. The cemeteries are all there, though we don't know who all is in them. So the scope was huge."

"The next thing that surprised me about the work of this committee was the *passion* of its members. This is not just some honorary job, or an obligation. The members truly care about what they are bringing to this project."

"So, the first thing I want to see happen is to preserve the history of this place. But also, I hope the committee can help the public of Alabama and beyond to understand the value of the Bryce Hospital legacy and what we can learn from it. I'd love to see a national mental health museum created on that site. There is an obvious Civil Rights parallel. You want to remember the good but also the bad so you don't repeat that while going forward."

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Bryce history _____ Continued from page 1



Doctor Peter Bryce

Dr. Peter Bryce, the first superintendent of AIH. Like the building Dr. Bryce was a man ahead of his time. He was only 26 years old at the time of his appointment but had studied in Europe and New York, and had experience as an assistant physician at the South Carolina state hospital.

He believed in moral treatment, non-restraint, individual treatment plans and early intervention. The Civil War and Reconstruction resulted in the majority of his efforts being focused on the survival of the hospital. Even with these hurdles the hospital was named one of the five best in the world in the 1880's. Dr. Bryce served until his death in 1892. The hospital was soon named after him. He is buried on the hospital grounds alongside his wife, Ellen Clarkson Bryce. She survived him for approximately 37 years and was one of the most influential women in Tuscaloosa for the remainder of her life. She officially changed her name to Ellen Peter-Bryce to honor

her late husband and continued to support the hospital until her death. Overcrowding was a major concern of Dr. Bryce and it continued to be a problem with each succeeding superintendent. They also had to deal with their particular problems. Dr. J.T. Searcy was the facility's second superintendent. His family includes many famous physicians and bankers as well as one notable artist. The painter Peter Bryce Searcy is particularly

known for his landscapes of the American West. Dr. Searcy served from 1892 until 1919 with unfortunate social changes and World War I having adverse effects on the hospital. The second state hospital located at Mt. Vernon is named for him. Dr. W.D. Partlow served from 1919 until

1950. He established an institution for the intellectually disadvantaged which was renamed in his honor after his retirement. World War II reduced the resources for the hospital. Dr. Partlow and Dr. George Denny forged a strong alliance between the University of Alabama and the hospital that was beneficial to both institutions. The families of Dr. Partlow and his brother Dr. R.C. Partlow continue to remain active in the mental health movement through financial support, volunteerism, and influence in the medical and political arenas. Dr. J.S. Tarwater was superintendent from 1950 until 1970. He oversaw the

creation of the Alabama Department of Mental Health, the birth of community-based programs, and the beginnings of the sweeping social changes that were so long overdue. What of the original campus? The dome is still a Tuscaloosa landmark. The farm lands are now soccer fields, golf courses and dwellings. The majority of the original consumer records - including the admissions records -- still exist, in sharp contrast to other Kirkbride hospitals. One exception is the original cemetery book which has been missing since 1976. It covers the period from 1861 until 1922 and is Bryce's most important missing artifact. Why should anyone care about this old campus? We need a base point, a starting place to chart our journey. We may not know what the future holds but we must not forget the past so we can avoid repeating the same mistakes.

















Steve Davis is the Bryce Hospital Historian.



But what really bothered Davis were the deaths.

"If someone soiled themselves they'd just bend them over and spray them with a garden hose," he said. "One young boy died when they shoved a hose into his rectum that ruptured his spleen. There were no thermostats in the showers and people were getting scalded to death. I

made a decision that took me back to my earliest days on that newspaper: I vowed that I was going to write a story on the death of every patient from Bryce or Partlow who died under strange circumstances. And I tried to do that."

At the time, Davis recalled, there was not a lot of dignity associated with these patient deaths. "When old men or old women died, perhaps by suffocation, they would be tossed into the graveyard with a spike – shaped kind of like a *fleur de lis* – as their marker. No names. No dates. Just a spike. It really and truly did remind me of Dachau. To the workers at Bryce and Partlow, the patients were *things* and not people. They were numbers, not names.

"Some of the stories were just awful," Davis recalled. "A superintendent might say 'Well Johnny is dying, just take him to the infirmary.' At the infirmary Johnny might become comatose waiting for the doctor to show up, if the doctor ever did show up. And then I found out that the doctor wasn't even licensed to practice medicine in Alabama. Some of the doctors who worked there could not speak English well enough to communicate with the patients anyway. The doctors made very little money. The hospitals were running on next to no money in every department."

That way it didn't hurt them. How else could they have done these jobs?"

Davis said in the years he covered this beat, he had at least one death to write about on a regular basis.

"Some of the stories were just awful," Davis recalled. "A superintendent might say 'Well Johnny is dying, just take him to the infirmary.' At the infirmary Johnny might become comatose waiting for the doctor to show up, if the doctor ever *did* show up. And then I found out that the doctor wasn't even licensed to practice medicine in Alabama. Some of the doctors who worked there could not speak English well enough to communicate with the patients anyway. The doctors made very little money. The hospitals were running on next to no money in every department."

Davis said he knew that his articles were starting to get attention – "raising a stink" as he called it -- the day he was met at the Bryce front door by a guard with a baseball bat.

"Up until that day I had been free to come and go as I pleased, just like when we were little kids growing up there playing ball. Now they said I couldn't come inside."

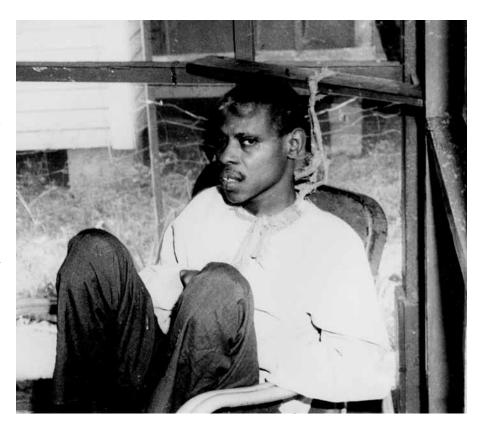
After being threatened, Davis retreated to a nearby café and telephoned United States Attorney Ira DeMent.

Changes on the horizon

"I told Ira I wanted to keep dropping in, and that I wanted to go in there at night. I didn't want 'em to have time to fix up the wards when they knew I was coming. Ira got a police escort and came to Tuscaloosa and thirty minutes later he explained the situation to the man at the door and he just said 'Yes sir!' I was able to get in then, but by this time things had gone so far that changes were about to be made. Big changes."

Davis emphasized that he never felt like the orderlies and staff were deliberately cruel or were practicing hard-core physical abuse. It was more a case – with some notable exceptions – of benign neglect, and of being overworked and underpaid in the cramped, crowded, dirty facility.

"They had so many people to take care of," he said. "Take for example their plan



Davis emphasized that he never felt like the orderlies and staff were deliberately cruel or were practicing hard-core physical abuse. It was more a case – with some notable exceptions – of benign neglect, and of being overworked and underpaid in the cramped, crowded, dirty facility.

to just sterilize young women. There would be no bleeding then, and it would simplify things for the staff. Like Thorazine, they just looked on sterilization as a management technique."

"One example of someone who didn't need to be there was my longtime friend Eugene Ward. We got Eugene out and he lived well, worked and thrived in Mobile for the rest of his life. He was also a leader in his church. He even got on Judge Johnson's human rights commission at the hospital. That's irony for you, going from being an inmate to having free run of the place. Eugene Ward. One of thousands of people who never should have been in either one of those places."

Does the state have an obligation?

During this same tumultuous period, when the institutions were about to lay

off hundreds of staff members, Davis's close friend Attorney George Dean came to Tuscaloosa to defend some students accused of rioting on the University of Alabama campus. Davis told Dean about the situation at Bryce and Partlow and, over several days, they came up with a fundamental question.

"We asked ourselves whether, if someone was committed to the state for care, did the state have a binding obligation to provide that care? At the time almost anyone could be committed for almost any reason. If Granny's slipping a little bit – burning the biscuits, let's say — and you wanted her out of the way, just get the family doctor and probate judge to work with you and the next thing you know the Sheriff is delivering Granny to Tuscaloosa. And she'd end up in the graveyard with a spike. As I've said over and over, many – maybe most – of those people didn't need to be there. But since



they *were* there, was the state obligated to provide treatment? That was our big question."

As history has shown, when Federal District Judge Frank Minis Johnson, Jr. was presented with the question he said that yes, the state *is* obligated to provide treatment. And Judge Johnson went on to spell out in detail what these minimum standards of care should be, right down to the number of doctors, nurses, and social workers. When the state of Alabama figured this out it went to the other extreme, since there was no way it could afford these new standards.

"This is how the move to communitybased treatment was born, in Alabama and around the country," Davis said. "But it went too far too fast. Lots of the people who needed to be in Bryce and Partlow

were essentially dumped onto the streets.
Where are those thousands of people who needed treatment, who needed care?

Where are they now? Many of them are in some of our excellent community-based facilities around the state. But my guess

"We asked ourselves whether, if someone was committed to the state for care, did the state have a binding obligation to provide that care? At the time almost anyone could be committed for almost any reason. If Granny's slipping a little bit — burning the biscuits, let's say — and you wanted her out of the way, just get the family doctor and probate judge to work with you and the next thing you know the Sheriff is delivering Granny to Tuscaloosa. And she'd end up in the graveyard with a spike. As I've said over and over, many — maybe most — of those people didn't need to be there. But since they were there, was the state obligated to provide treatment? That was our big question."

is that lots of them are also in our prison system."

During this tumultuous time Davis and his family members hired several of the Bryce and Partlow patients into minimum wage jobs, gave them food prep training in the family's KFC restaurants, and taught them basic piecework and assembly skills. Many of those same workers rode to their homes around the state on a Greyhound bus and got jobs and supported themselves for the rest of their lives. So Davis continues to wonder: where is the balance between over-commitment and taking care of those who truly need it?

Historical Committee can help rectify past problems

"I think the work of the historical committee is very important," Davis said. "I certainly want to see the main building and surrounding grounds kept, but I also want to ensure that the University of Alabama pays what the property is truly worth. And I think they will. I'd then like to see us develop a really *national* museum of mental health, and show Bryce for what it really was, both good and bad."

"Peter Bryce was a wonderful man, a humane man," he concluded. "He was there to help the patients under his care. And he did so to the best of his ability during some very difficult times. Now there are 209 acres left of what was once a 2,000 acre campus. In its prime it was really like a small, self-sustaining city. We need to get what the property is worth, build a new Bryce that is world-class and second to none, and develop a national museum. We owe these things to all those people who spent their lives at Bryce and Partlow whether they needed

to or not, and to the memory of all those people – who have a number instead of a name – under a spike in the cemetery. We owe at least this much to all of them."





BRYCE



















The name of Ricky Wyatt is synonymous with Bryce Hospital and the landmark Wyatt v. Stickney lawsuit that ultimately led to the de-institutionalization movement in American mental health treatment. Before that lawsuit and its administration by federal district judge Frank Minis Johnson, patients lived in "warehouse" conditions in cavernous mental health hospitals. As a result of it we have now moved toward a more community-based treatment model. The once-obscure Alabama lawsuit became federal law, and with it came a genuine sea-change for hundreds of thousands of Americans with a mental illness.

But Ricky Wyatt is much more than an icon; he is a person who has struggled with a life of misfortune and poverty. He still cares deeply for all those whose

married a Miss Brent, whose family founded the nearby West Alabama community of the same name. Her husband came to work at Bryce in 1927.

"It's really just a family tradition," Wyatt concluded. "I have more memories of family members coming here to pick up paychecks than I do of my time here as a patient. My mom played here and I did, too. What she liked to do and what we all liked to do was slide down the big banister inside the main building."

Born in Tuscaloosa

Ricky Wyatt began his life as an infant in Tuscaloosa in 1954.

"I was delivered by Dr. Partlow," he said. "He delivered me, he delivered our family. My cousin in fact was the first baby ever born in what was then the new Druid City Hospital."

The name of Ricky Wyatt is synonymous with Bryce Hospital and the landmark Wyatt v. Stickney lawsuit that ultimately led to the de-institutionalization movement in American mental health treatment. Before that lawsuit and its administration by federal district judge Frank Minis Johnson, patients lived in "warehouse" conditions in cavernous mental health hospitals. As a result of it we have now moved toward a more community-based treatment model. The once-obscure Alabama lawsuit became federal law, and with it came a genuine sea-change for hundreds of thousands of Americans with a mental illness.

lives were intertwined with the history of Bryce Hospital, including dozens of his own family members.

"Besides my mom and me, I have had 56 members of my immediate family who have worked here at Bryce between 1927 and 1982," Wyatt said. "Many of them were very close to me. My grandmother retired as the dietician of the Women's Receiving Building. My Aunt Mildred, who was also my guardian and who helped me file the lawsuit, was a nurse's aide. My cousin Jackie worked in the psychiatric department. Way back when, my great-great grandfather even made ice out here in the first ice house they ever had. A dozen of my aunts worked as nurses or aides or in food services. It's like my whole family history is tied up here. I just never knew how tied up I myself would become with this place."

Wyatt said his family roots run deep in the area. His great-great grandfather Wyatt grew up with his greatgrandmother in what was the start of a life tougher than most people can even imagine.

"My mom was unable to take care of me because she got in trouble. We have always been close and we still are, but she just couldn't be here for me when I was young. When my great-grandmother got too old to care for me I was taken in by my aunt, Mildred Rawlins."

Aunt Mildred of course was a Bryce employee so that was where Ricky often played as a boy. But trouble was never far away.

A series of stops

"I got in trouble and got sent away to the Industrial School in Birmingham," Wyatt recalled. "Eventually they sent me back to Tuscaloosa but I stayed in trouble and got sent away again. Nothing real bad, I was just a hell-raiser like a lot of young boys. I mean, I broke some windows or something. But anyway I got sent to the Methodist Children's Home in Selma."

In Selma Ricky was rapidly growing into the tall, strong frame he carries as a man. He was an outstanding athlete. He remembers especially being mentored by local high school boys from nearby Parrish High. One such mentor was Jay Casey, who went on to play football at Auburn University under Ralph "Shug" Jordan, another Selma native.

"I was good at sports, especially basketball. I could get in there and play with those older boys. That Methodist Home was a great place, looking back on it. I just didn't realize it at the time. Unfortunately, I kept getting in trouble and they decided to let the state take me so I came back to Tuscaloosa. My Aunt Mildred already had her hands full so she decided the best thing she could do was to put me into Bryce."

Ricky met with his Selma probation officer, a Mr. Upchurch, and two hours later, as he recalls it, he was committed. One of what now amounted to over

5,000 patients in the aging and

overcrowded

other wards were even worse. Ricky was just 14 years old. That's about it." of Thorazine. young and I didn't even have a diagnosis. I knew what was happening and I at them: 'Get me out of here!'"

facility,

The back ward employees were often very cruel and callous, Wyatt said.

"The nurses and aides and sometimes even the supervisors would make people fight so they could bet on the winners. Or they might just lock us all up so they could have a good card game without being disturbed. To get us up in the morning they might come in there and poke us with a broom, or throw hot water on us. Of course to me the worst thing was that I knew there was nothing wrong with me. They couldn't tell; they just assumed I was sick. But I knew."

Life in the institution

"I was the youngest person in there by far," he said. "I'd say the next person was maybe ten years older than I was. I never had a diagnosis or anything. I didn't have mental illness. I was even a pretty good student. I was just a little wild and didn't have much supervision."

"I didn't like it, but it wasn't a totally new environment," Wyatt remembered. "I mean, I'd been around here all my life and my family was still all around. But that first night in there with all those people I was scared to death. After a couple of weeks it got better and I wasn't so scared."

Wyatt was put on Ward 19, which he said was bad, but he said patients on

"A lot of the people there were very sick, very delusional," he said. "They didn't know who they were and they weren't getting any care. They were basically being fed and medicated.

Wyatt was soon started on a regimen

"They just did it because it was simple and easy," he said. "That was the easiest way to take care of all those people, just zone them out on meds. But I was really

least had my family around. They would come see me and I always said the same thing to every one of

The back ward employees were often very cruel and callous, Wyatt

"The nurses and aides and sometimes even the supervisors would make people fight so they could bet on the winners. Or they might just lock us all up so they could have a good card game without being disturbed. To get us up in the morning they might come in there and poke us with a broom, or throw hot water on us. Of course to me the worst thing was that I knew there was nothing wrong with me. They couldn't tell; they just assumed I was sick. But I knew."

Aunt Mildred intervenes

Fortunately for the young boy, Wyatt's Aunt Mildred, who had been transferred to the geriatric unit, managed to come see him one night and he made his usual plea for her to get him off the ward. Mildred had her daughter, Ricky's cousin Jackie, come over later with a Dr. Walpole. Wyatt told Dr. Walpole what was happening back there.

"I told him I had no reason to lie to him," Wyatt said. "He just told me to try and remember what all was going on back here and he would see what he could do."

About a month later Wyatt was summoned to Dr. Walpole's office where he was met by the doctor, a lawyer, and his cousin Jackie.

"My cousin asked Dr. Walpole if the lawyer was competent and smart and he told us he was. The lawyer then asked me if I knew what I was doing to file such a complaint that could lead to a large lawsuit. And I told him I did know what I was doing. That was the end of that as far as I knew, but as a result I got moved into the Token Economy Ward, where you were rewarded with tokens for good behavior."

Wyatt's old Selma friend and mentor Mr. Upchurch came back into the picture and told the Bryce custodians that Ricky was supposed to be getting an education.

"They said OK, although I never saw the inside of a school," he said. "But what I did see was a new counselor who took over my case. What he said to me was that if I ever wanted to back out to just let him know."

Wyatt said he never seriously considered backing down from what he started.

"I had a genuine feeling that these people, these patients who were basically helpless, were tortured in their minds and they still had to put up with these horrible conditions. I didn't know of course that it would turn into such a big thing. I just wanted relief for myself and for all these people I saw who needed relief."

From Back Ward to Open Ward

In time, Wyatt graduated from the Token Ward and moved onto the Open Ward. He got his GED at age 16 – "the youngest ever," he said – and then went into rehab.

"My aunt said they moved me to the Open Ward to kind of bribe me, to make me back off the lawsuit," he said. "I don't know if that's true or not. But I could now come and go as I pleased. I walked to rehab everyday, which lasted from 8 a.m. to 3 p.m., and then went to a halfway house for another six months. I wanted to go to mechanic school and they wanted me to become a janitor so I just said forget it. For that I got sent back to Bryce."

Back at Bryce, Wyatt said a lot of his relatives began to fear for their jobs. Ricky moved onto a drug and alcohol ward because a cousin worked there. He went through the program even though he didn't drink or use drugs.

"I focused really on a kind of anger management," he said. "After that I went back to rehab in Montgomery. That place was nice. To me it seemed like a resort."

Wyatt got along well there and took a series of jobs in Montgomery, mostly as a desk clerk in various motels. For a while, he said, he ran off with a girl from Opp who was also on rehab assignment from Bryce, but when they split up he went back to Tuscaloosa.

He has lived privately since then, mostly near Tuscaloosa or Birmingham, but out of the state system and out of Bryce altogether. He has maintained a close work-

ing relationship with ADAP attorney James Tucker, who has worked with him in recent years in the long settlement of the landmark case known throughout the world as *Wyatt v. Stickney*.

Why preservation matters

"Bryce Hospital and the preservation of its grounds and buildings are important to me," Wyatt said. "This has all been a big part of my life. I grew up here. It hasn't all been good. Being a patient here certainly wasn't. But it's my family heritage. It's part of who I am."

Wyatt has never wanted recognition for his association with the lawsuit that changed the face of mental health treatment in America, and he doesn't want any results of the preservation effort to be associated with his name.

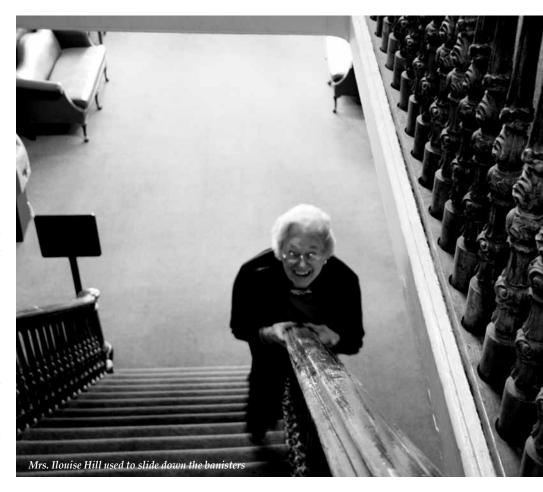
"This is about the patients I was here with and who were here before me," he said. "I want Bryce preserved and remembered for the patients who spent their lives here and all the people who worked their whole lives and retired here. The time that I was in here I didn't care a thing about preserving that history.

I didn't think of things like that back then. But in the last five or six years I've gotten interested. I told Dr. Hobbs (chairman of the Historical Preservation Committee) that anything I could do I would. I told him to use me or my name in any way that would help the preservation effort."

Wyatt is realistic about the financial challenge the committee faces.

"I'd like to see the whole place kept and restored, but I know that would be tough. I hope we can at least have the main building taken care of. Also, the mansion and entrance and Dr. Bryce's grave."

"Mr. Tucker said they are going to build a new Bryce Hospital. That's good. It needs to be good. But if we build a museum don't let it look like a fancy spa. Show the different treatments that have been used, good and bad. Show how the patients really lived in the tough times. And they were tough. But show the good side, too. The people who worked hard and tried to do good. There are lots of them. And let's always remember this as a place where little girls got to slide down the banister."





EDITOR'S NOTE: This "success story" serves as an example of how our state's mental health system has transitioned from one of institutionalization to one of consumer-centered recovery. If Daniel Pitts had come along 30 years earlier he would be one of the thousands of forgotten souls who lived and died at Bryce. Instead, he now uses his experiences to help his peers recover and simply make the world a better place.

aniel Pitts had the deck stacked against him from the day he was born on August 7, 1979. He struggled with family issues, identity insecurity, depression and anxiety, and with alcohol, drugs and violence. But from the moment he literally chose life over death, Pitts began a journey to recovery that is ongoing today in his job as a Peer Support Specialist.

Difficult from the start

"Things just started out rough for me," Pitts said. "My mom was only 19 years old when I was born and she already had three kids. She had another one after I was born. She had a tough time raising us and when I was just two she took up with a man who was very abusive. He abused my mom and sisters psychologi-

cally but he took it out on me physically even though I was just a baby."

Pitts still recalls the violence of the beatings and believes they might have killed him if his grandparents -- "my angels" – hadn't intervened and adopted him.

"By the time I was six years old I was having nightmares, waking up screaming for my mom," he said. "By age eight I knew something was very wrong. I wanted to know why I was dreaming about a man chasing me and beating me and trying to kill me. I also figured out that my grandparents, who had adopted me, had convinced me they were my parents and that my biological mother was my sister. I was very confused and very angry to be so young. All I can say is that I felt like life was a lie."

Problems in school soon followed. By age 12 young Daniel had been diagnosed with depression, ADHD, and anxiety.

Drug use begins early

"I knew already that I wasn't like other kids," he said. "I started in on beer and marijuana about this time to try and ease the pain. Beer was mostly on the weekend, but I could ride my bike to a little project near our house and get pot anytime. This led me into a lot of LSD use, and by the age of 15 I was addicted to cocaine."

Pitts said to get money for his habit he did "whatever it took." This included selling drugs, but also robbery and stealing.

"My parents had done everything for me. I was a good natural athlete, and they had bought me the Alabama PACT so my college tuition was paid for. They sacrificed everything for me. They were so good to me then and they still are. They're the reason I'm even here. But I didn't understand all of that. I just tried to mask my confusion and depression with the use of drugs."

After lots of unsuccessful attempts at rehab, Pitts dropped out of school at age 16 and his parents finally kicked him out.

"They tried everything they could," he said. "I had been living with them but was big time into gun and drug dealing to support my habits. They'd see me coming and going all the time, getting all these phone calls, strange people coming by. They finally just had enough."

Arrest, rehab, return to drugs

In spite of two minor arrests, Pitts said he still felt "invincible." He knew he was under investigation for drug trafficking but he continued to carry on a dangerous and reckless lifestyle. Soon after the birth of his first son at age 18 Pitts was arrested for distributing pot, but he used the Youthful Offender Act to go into boot camp and rehab. During his probation his mental illness flared up and he experienced the first of several mental breakdowns.

"The day I got off of probation I went and bought a bag," Pitts recalled. "Almost immediately I came into contact with someone who could get me a very pure form of crystal meth called 'ice' and I was hooked from day one. Right away it started eating up my muscles and drying out my skin. I was on that stuff for four years. I wasted away down to 105 pounds. My hair fell out. I almost never slept. Or ate. If I ever did go to bed I'd need to smoke some meth before I could even roll over and get up."

Pitts was a confirmed meth addict. His mental illness along with the devastating effects of the drug – plus no sleep, food or hydration – took control of his mind.

Mental breakdowns compound problems

"I had at least two more complete mental breakdowns," he said. "The drugs were in total control. A pill and meth delusion convinced me I had died and had come back as Jesus Christ. I started wearing fatigues during the day and all black at night so I could get away from the cops or the cults or the aliens – all of whom I thought were after me all the time. I wore a bulletproof vest everywhere. Every day. I was completely 'in the game,' as we called it. I won't even tell you what all I did with my group to get drugs, but I can tell you that every one of us turned on each other. I hate to even think about it. It was all about the drugs."

When he wasn't dropping into meth houses waving a Samurai sword in one hand and a Bible in the other – preaching between hits on the meth pipe – Pitts was protecting himself from all of his perceived enemies. He said he slept just one day a week – on Sunday because it was the Lord's day – and that he once stayed up for a month straight. His hallucinations informed him that 50 percent of the people on earth were either cult members or aliens and it was his mission to destroy them.

"I also thought the government was out to clone me and that every star was a satellite, with one big one that followed me around wherever I went. I was especially cautious of aliens jumping out of trees to kill me."

Armed and dangerous

At the peak of his delusions, Pitts armed himself with a pistol and a rifle, borrowed a friend's Crown Vic, and hyped himself up on what even for him was a huge quantity of meth and cocaine.

He was ready to settle some scores.

"I was prepared to do some damage," he said. "I was ready to start shooting. But first, I was tripping so hard, I backed the car into a church parking lot and closed my eyes, trying to get a quick grasp of reality. I was shocked at what happened next."

A church landscaper – whom Pitts is convinced was also tripping on meth – snuck up behind the car and grabbed Pitts's arm.

"I thought an alien had me," Pitts said. "What else was I supposed to think? The landscaper grabbed my pistol and started firing. He blew out my tire but I spun out of there, turned around, and started firing back with my rifle. I didn't want to kill him. In fact, I knew somewhere deep down who the guy was. I had grown up with him. But I was just so crazed. It was God intervening right then. No one got hurt. But right when that guy grabbed me I had been about to go on a shooting spree. I was ready to kill some people."

In a panic, Pitts dived into a nearby meth house ("They were everywhere around Montgomery in those days," he said, "and I knew where every one of them was.") All the meth heads had been listening to the police scanner and knew what was happening. The place emptied out and was almost immediately surrounded by police cars, SWAT teams, fire trucks, medics, and motorcycle cops.

Choosing life over death

"Everyone was there," Pitts said. "Every cop in Montgomery had been after me for two years and they were all there. It was their time. The whole block was surrounded, and then it got quiet. They just let me pace. I started debating suicide or a fiery shootout. They let me stew. No pressure. It was killing me. I processed reality. I knew it was about to be over. I knew I was about to die."

Somehow, Pitts felt he didn't want to his life to end that day. He said God restored his sanity for about 30 seconds and a voice came to him and told him to throw down his weapons and yell out that he was giving up. He did, but not before he ate all the drugs in the house to destroy the evidence.

"Right then, right that second, the cops busted in. They all had their guns drawn and they were all ready to shoot. They yanked me around and teased me about my delusions. I

"My parents had done everything for me. I was a good natural athlete, and they had bought me the Alabama PACT so my college tuition was paid for. They sacrificed everything for me. They were so good to me then and they still are. They're the reason I'm even here. But I didn't understand all of that. I just tried to mask my confusion and depression with the use of drugs."



was confused. Between that panic and all the drugs I had a seizure. A big one."

Pitts was rushed to the hospital emergency ward, though he remembers little about it. There he was arrested and put under bond. When he was stabilized he was put in the county lockup. From there he went to the Department's Greil Hospital crisis unit.

When he was released, under bond, he went right back to the meth.

Bad times

"The grand jury indicted me and I was put back into the county jail," Pitts said. "I was there for two months, experiencing the kind of withdrawals that I can't even describe. It was so horrible. Mostly what I did was just drink water constantly and eat anything I could get my hands on, especially sweets. I mean, I basically hadn't had any good nutrition or hydration for years. My body was craving all this, trying to hang on to life. But it was torturing my mind."

On April 1, 2004 Pitts was sent to Taylor Hardin Secure Medical Facility. This, he said, is where his journey toward recovery began.

"When they locked that gate behind me I realized this was no April Fool's joke," Pitts recalled. "I was there for a year. At Taylor Hardin I received good, top-notch therapy. I got on the right medications. I learned coping skills in my classes. I focused on anger

management. I basically got the necessary tools to be successful in recovery. And you know why? Because the professionals at Taylor Hardin actually cared about me. It was the first time I had ever felt that. I owe them a lot. I owe them my life."

Along with professional support Pitts said his parents – "my angels" – were right there with him.

"They came every weekend to see me at great trouble and expense to themselves. Between them and the people at Taylor Hardin I had a real support system in place. I gained almost 100 pounds. I had lots of structure, much of it centered on athletics. The hospital saw I was well and released me to the Wetumpka Hillside Therapeutic Group Home. This was a very good place that helped me re-enter into society gradually."

Starting over

"God had a plan for me," Pitts said. "My past hyper-religious experiences now led me to a kind of peace. In Wetumpka I learned to recognize the symptoms of my mental illness, especially the delusions and anxiety, and I was able to express my feelings for the first time. After a year in Wetumpka I slowly reintegrated into the community. I learned a lot about finance and wondered what it would have been like if I had taken the opportunity my parents gave me and gone to college. But I realized I was where I was and

this is what God wanted for me. I was here to help others."

Pitts began working in the roofing and landscaping industries and learned patience. He joined a church and went to supportive housing classes.

Involvement in the consumer movement

"By this time I felt like I was ready to become a productive member of society, and part of that was keeping in touch with others who might understand what I had been through," he said. "I joined WINGS (Alabama's statewide consumer support group) and eventually became involved in its leadership. I became the president of the Montgomery Area Consumer Council, and even led some local legislative forums, one of which had almost 175 people in attendance. I also serve on the Mental Illness Planning Council, I'm a NAMI member, and I am a L.E.A.D. instructor."

In this role, Pitts has been able to re-connect with the law enforcement officers who he antagonized in his drug fugitive days. Many of these officers he had known growing up, and several of them came to see him in the hospital. One even wrote to the judge on his behalf.

"Most importantly, I am an Alabama Certified Peer Specialist," he said. "This gives me an opportunity to talk to people who are in situations like I was in. I can understand them because I've walked in their shoes. I can help them. This also gives me a chance to do a lot of public speaking and warn people about the dangers I am all too familiar with."

Life is good

"I've been give a second chance," he concluded. "I still see all the old people from my days on the street. They always call out to me, try to get me to meet up with them on Saturday night. But I can't go there. They're trying to pull me back. But it's just the devil throwing darts."

"Life is better than ever now. I have a nice new house to live in. I have my family back. I have a church family. I'm getting married to a wonderful woman on Valentine's Day. I have this great place to work where I receive services but I am also part of the team. I have a chance to show my parents every day how much I appreciate what they've done for me. I'm very appreciative. I just feel blessed."

Support Groups & Consumer Advocacy Organizations

Statewide

Office of Consumer Relations

Alabama Department of Mental Health RSA Union Bldg • 100 N. Union Street P.O. Box 301410 • Montgomery, AL 36130-1410 (334) 242-3456 • 1-800-832-0952 michael.autrey@mh.alabama.gov

Alabama Directions Council

c/o Office of Consumer Relations P.O. Box 301410 • Montgomery, AL 36130-1410 (334) 242-3456 • 1-800-832-0952

The Visionary Guild for Mentally Ill Artists

For information contact Sylvia Richey, President, at (334) 863-6718

Alabama Minority Consumer Council (AMCC)

Fannie Hicks, President P.O. Box 13, Midway, AL 36053, (334) 262-0363

WINGS Across Alabama

PO Box 211286 • Montgomery AL 36124 Call us toll-free at 888 WINGS AL (334) 395-7616 • fax (334) 395-7618 www.wingsalabama.org

Local ANNISTON

Emotions Anonymous

c/o Roy Chisam • 1130 Christine Ave., Anniston, AL 36207 • Meets Monday through Thursday, 9:00 a.m. – 10:00 a.m. • Calhoun-Cleburne MHC • (256) 237-3796

BIRMINGHAM AREA

The Sharing Group of Birmingham / So. Highland

c/o Jesse Stinson • 1241 51st Street, South, Birmingham, AL 35222 • (205) 592-9773 • (fax) 592-9774 • Meets Every Sunday, 6:00 p.m. to 8:00 p.m., South Highland Presbyterian • 2035 Highland Avenue

The Sharing Group / Hill Crest

Meets Every Friday, 6:00 p.m. to 8:00 p.m. Hill Crest Hospital • 6869 5th Avenue S.

The Sharing Group / Wednesday

Meets Every Wed, 2:00-4:00 p.m. So Highland Presbyterian

The Sunday Club

Meets Every Sunday, 2:00 p.m. to 4:30 p.m. South Highland Presbyterian • 2035 Highland Avenue

NEW Beginnings 12 Step Recovery

Bipolar and Depression Support Group Facilitator, Shane Umlauf • Meets 1st and 3rd Fridays, at Independent Living Resources • 206 13th Street South, Birmingham Call Shane for more information, (205) 903-9792

Recovery, Inc.

Meets every Saturday at 2:00 p.m. Highlands United Methodist Church, Birmingham • For more info, call Judy at (205) 918-0746

Recovery International

Meets every Friday at 10:00 a.m. at Helena United Methodist Church 2035 Highway 58, Helena, AL For more info, call Cliff Bennett at (205) 685-0520

The Young Adult Sharing Group

Meets Wednesdays, 9:00 a.m.– 11:00 a.m. South Highland Presbyterian Church, Builders/Dobyns Classroom 2035 Highland Avenue South, Birmingham For more info, call (205) 592-9773, or email yasgbham@gmail.com www.yasg.org

Free Spirit

Meets Wednesdays, 10:00 a.m. - 12:00 noon • UAB West Medical (Board Room, Suite 201) • 985 9th Avenue SW • Bessemer, AL • For more info contact George Cook at (205) 481-7645

CULLMAN

R.E.S.T.T.

Nancy Jester, President • Meets the third Friday of each month • 1521 McNabb, Cullman • For more information, call Nancy at (256) 347-4008

Wallace Support Group

Roberta Armstrong, President • Meets 2nd & 4th Thursday evenings, 6:30 p.m. – 8:00 p.m. • Wallace State Community College • 801 Main Street NW, Hanceville, AL • Tom Bevill Building (Room 608) For more info call Roberta (256) 734-8169

EAST-CENTRAL ALABAMA Revelations Of Self

Kathleen Roye, President ● (334) 741-0228 Meets last Friday of each month at 6:30 - 8:00 p.m., Frank Brown Rec Center, 235 Opelika Road in Auburn

HUNTSVILLEDBSA Huntsville

Dave Hepler, President • Meets Thursdays, 6:00 p.m. United Way Building, 701 Andrew Jackson Way, Huntsville

For further information call (256) 539-1411

MHCA in Huntsville

c/o Helen Bishop, President ● (256) 585-9772 Meets 1st Monday of each month, 2:00 - 3:30 at Our Place Drop-in Center, 205 Max Luther Drive, Huntsville

Soul Survivors

c/o Yvonne Jones, President • Meets 2nd Fridays, 2:00 p.m. • 615 Half Section Line Road Apt. 115 Community Center • Albertville • For more information, call (256) 891-9883

Angels Outreach

c/o Ann Jenkins, President • Meets 3rd Thursday of each month, 11:00 a.m. Boaz, Alabama For further information, call Ann (256) 593-2374

MOBILE AREA

Schizophrenics Anonymous

Meets 2nd and 4th Tuesdays of each month at Government Street United Methodist Church in Mobile, 11:00 a.m.

For further information call (251) 438-5928

MONTGOMERY/SELMA Cahaba Regional Consumer Affairs Committee

Lee Maxwell, President • 1400 McArthur Street • Selma, AL 36701 • (334) 875-9911 • Meets 2nd Tuesdays & 4th Thursdays, 7p.m.• 302 Franklin Street, Selma (Cahaba Center) • For further information call (334) 875-9911, or call the Clubhouse at (334) 418-6525, 1:00-6:00 p.m. (Monday-Friday). www.cahabaconsumeraffairs.com

DBSA Montgomery

Meets 2nd Tuesday evening, 6:30 – 8:30 1609 West Street, Montgomery and Meets 3rd Saturday afternoons, 12:00–2:00, Montgomery Public Library, Main Branch, 2nd floor • High @ McDonough Streets, Downtown • For more info, call Clairepatrese at (334) 652-1431

Montgomery Area Consumer Council

Daniel Pitts, President • (334) 296-0680 • Meets second Thursday each month, 4:30 pm at the WINGS Across Alabama Office, 400 Eastern Blvd., Suite 201, Montgomery

NORTH WEST ALABAMA Consumer Outreach

c/o Steve Pendergrass • Meets 2nd Thursday of each month, at Athens-Limestone Counseling Center, 1307 E. Elm Street, Athens, AL • For more information, call Steve at (256) 771-1613

Shoals Sharing Group

Steve Goodman, President • (256) 767-4316 Meets 1st & 3rd Sundays (except holidays) from 2:00-3:30 p.m. at North Wood United Methodist Church, Florence, AL

DBSA of Morgan County

c/o Sue Brantley, MHA in Morgan County, PO Box 1502 Decatur, AL 35602, (256) 353-1160. Meets 2nd and 4th Thursdays 6:30 - 8:00 p.m. at the MHA Office • 207 Commerce Circle, SW, Decatur

The Serenity Group

Liz Volonino, President • Meets 3rd Wednesdays, 10:00 - 12 noon • Mental Health Center • 4110 Highway 31 South, Decatur, AL For more info contact Liz at (256) 355-5548

Hogohegee Consumer Wellness Center

Doris Smith, President • 1050 County Road 67, Dept 50, Moulton, AL 35650 • Meets last Monday of each month, 6:00 p.m. At John's Bar-B Que 15165 Court Street, Moulton • For more information call (256) 566-3315

TUSCALOOSA/WEST ALABAMAThe Moodies (Tuscaloosa Chapter of DBSA)

Anne Lynch, President • Meets 2nd Thursday of each month at Friendship House 7:00 p.m. to 8:30 p.m. • 505 19th Avenue in Tuscaloosa www. moodies.org For further information call Anne at (205) 345-4561 or Harley at (205) 439-0076

Friendship House

c/o Lyn Mizerany • (205) 345-1534 • 505 19th Avenue, Tuscaloosa, AL 35401 Hours of operation are Monday through Thursday, 8:30 a.m. – 2:45 p.m. Emotions Anonymous Group meets Mon. - Thurs., 9:00 a.m. - 10:00 a.m.

Support for Recovery, Tuscaloosa

Meets 3rd Sunday of each month, 4:00 p.m. For meeting location contact Pamela at (205) 292-5438 or email at almom205@aol.com

ALABAMA CONSUMER-RUN DROP-IN CENTER LOCATIONS



FRIENDSHIP HOUSE

505 19th Avenue Tuscaloosa, AL 35401 (205) 345-1534 Open Monday - Thursday, 8:30 a.m. - 2:30 p.m.

THE 1920 CLUB

1920 10th Avenue South Birmingham, AL 35205 Open Monday, Tuesday, Thursday & Friday, 10:00 - 3:00 p.m. Open Wednesday 2:00 - 7:00 p.m. Call (205) 933-6955 www.the1920club.com

CAHABA DROP-IN CENTER

302 Franklin Street Selma, AL Open 1:00 p.m. - 6:00 p.m. daily (334) 418-6525 (Clubhouse number) If no answer, call (334) 875-1850 www.cahabaconsumeraffairs.com

SO-MI CENTER

4351 Midmost Drive Mobile, AL 36609 (251) 342-0261 Open Monday - Friday, 7:00 a.m. - 3:00 p.m.

OUR PLACE

205 Max Luther Drive, Huntsville, AL Open Mondays, Tuesdays, Wednesdays, and Fridays from 10:00 a.m. - 4:00 p.m. Open Thursdays from 1:00 p.m. - 8:00 p.m. For more information call (256) 746-4145

To find out more about how to start a drop-in center in your area, call the Office of Consumer Relations at 1 (800) 832-0952.



Alabama Department of Mental Health Office of Consumer Relations RSA Union • 100 N. Union Street P.O. Box 301410 Montgomery, Alabama 36130-1410

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